

**Travel & Expense Account
Transmittal Sheet**

After Approval, Mail Receipts To

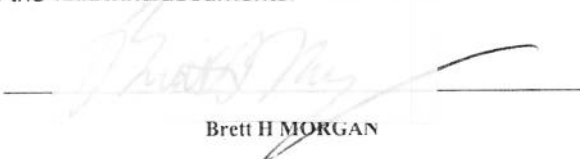
HEADQUARTER ACCOUNTING
P.O. Box 187019
Sacramento, CA 95818



Employee Name	CATE, MATTHEW
Expense Dates	09/18/09-09/18/09
Total Expense Amount	343.47
Amount Due Employee	36.27
Form ID	TEA000514538

I have reviewed the following documents.

Approved
by:


Brett H MORGAN

Travel & Expense Account Summary

Employee Name MATTHEW CATE
Expense Dates 09/18/09-09/18/09
Report Name 4100, 9-18-2009, CIM Freeway Dedication

Request Total \$ 343.47
Direct Charge Total - 307.20
Travel Advances - 0.00
Net Due Employee = 36.27

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	CIM - Freeway	343.47

NOTE: (d)=Direct Charge

DATE	Fri Sep 18									TOTAL
Commercial Air Fare (d)	307.20									307.20
Parking, Auto	9.00									9.00
Mileage, Personal Auto	27.27									27.27
TOTALS \$	343.47									343.47

Travel & Expense Account Summary & Detail
--

Trip/Expense Category	Trip Name	Date	Expense Item	Amount	Payment Type
Regular Travel	CIM - Freeway	09/18/09	Commercial Air Fare	307.20	Direct Charge
Regular Travel	CIM - Freeway	09/18/09	Parking, Auto	9.00	Cash
Regular Travel	CIM - Freeway	09/18/09	Mileage, Personal Auto	27.27	Cash

**Travel & Expense Account
Transmittal Sheet**

After Approval, Mail Receipts To

HEADQUARTER ACCOUNTING
P.O. Box 187019
Sacramento, CA 95818

Employee Name	CATE, MATTHEW
Expense Dates	09/22/09-09/24/09
Total Expense Amount	715.17
Amount Due Employee	209.77
Form ID	TEA000514159

DIRECTIONS FOR SUBMISSION

1. *Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.*

	Date	Expense Item	Amount	If not submitted - Explain
1)	09/22	O/S Taxi Fare	15.50	
2)	09/23	O/S Taxi Fare	7.50	
3)	09/23	O/S Taxi Fare	7.50	
4)	09/24	O/S Parking, Auto	27.00	
5)	09/24	O/S Taxi Fare	25.00	
6)	09/24	O/S Incidentals	40.00	

2. *Forward Transmittal Sheet and attached documentation through your approval process.*

CLAIM EXCEPTION(S)

	Item	Exception	Response
1)	#A6 DPA required	Document of Prior Approval required for Out of State Travel.	Yes

I have reviewed the following documents.

Approved
by:


Brett H. MORGAN

Travel & Expense Account Summary

Employee Name MATTHEW CATE
Expense Dates 09/22/09-09/24/09
Report Name 4100, 9/22-24/2009, Washington DC

Request Total \$ 715.17
Direct Charge Total - 505.40
Travel Advances - 0.00
Net Due Employee = 209.77

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	Wash DC	715.17

NOTE: (d)=Direct Charge

DATE	Tue Sep 22	Wed Sep 23	Wed Sep 23	Thu Sep 24						TOTAL
O/S Lunch	10.00	10.00								20.00
O/S Dinner	18.00	10.00								28.00
O/S Taxi Fare	15.50	7.50	7.50	25.00						55.50
O/S Breakfast		6.00		6.00						12.00
O/S Mileage Personal Auto				27.27						27.27
O/S Parking, Auto				27.00						27.00
O/S Commercial Air Fare (d)				505.40						505.40
O/S Incidentals				40.00						40.00
TOTALS \$	43.50	33.50	7.50	630.67						715.17

Travel & Expense Account Summary & Detail

Trip/Expense Category	Trip Name	Date	Expense Item	Amount	Payment Type
Regular Travel	Wash DC	09/22/09	O/S Lunch	10.00	Cash
Regular Travel	Wash DC	09/22/09	O/S Dinner	18.00	Cash
Regular Travel	Wash DC	09/22/09	O/S Taxi Fare	15.50	Cash
Regular Travel	Wash DC	09/23/09	O/S Dinner	10.00	Cash
Regular Travel	Wash DC	09/23/09	O/S Breakfast	6.00	Cash
Regular Travel	Wash DC	09/23/09	O/S Lunch	10.00	Cash
Regular Travel	Wash DC	09/23/09	O/S Taxi Fare	7.50	Cash
Regular Travel	Wash DC	09/23/09	O/S Taxi Fare	7.50	Cash
Regular Travel	Wash DC	09/24/09	O/S Mileage, Personal Auto	27.27	Cash
Regular Travel	Wash DC	09/24/09	O/S Parking, Auto	27.00	Cash
Regular Travel	Wash DC	09/24/09	O/S Breakfast	6.00	Cash
Regular Travel	Wash DC	09/24/09	O/S Taxi Fare	25.00	Cash
Regular Travel	Wash DC	09/24/09	O/S Commercial Air Fare	505.40	Direct Charge
Regular Travel	Wash DC	09/24/09	O/S Incidentals	40.00	Cash